2411 N. Charles St., Baltimore /3/-5)

02844

### CERTIFICATE OF DEATH

			CERTIFICA	IL OI DEATH	Reg. Dist. No
1. PLACE OF D	EATH: rchester			2. USUAL RESIDENCE (HO	
How long in above place Hospitat, Institution,	ce of death?40 or street address where	Year	RURAL and give nearest town) S. 4:	State Maryland County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. 303 West End Ave.  (If rural, give LOCATION)	
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war	***************************************
3. (a) FULL NAM	ME	Mar	y C. Andrews		3. (b) Social Security Number
4. Sez Female	5. Color or race White	- 128	e, married, widowed, or divorced Wildowed		March 16, 19.45 at 9.230A
Control of the Contro	eased)	6.(	Andrews c) If allve, give ageyear 1854.	21. I CERTIEY that death occurred on the same same and that I last saw h	he date above stated: that f attended deceased from
8. AGE: Year 90	rs Months 2	Days 25	If less than one dayhrsmin.	Immediate cause of death	
			Maryland.	Bue to.	en suin 27
11. Industry or busine				P46 10	
12. Name	Benjamin	Hart		Diher conditions	
	Catheri		sley	(Include pregnancy	within 3 months of death)
	THE RESERVE AND ADDRESS OF THE PARTY OF THE			Autopsy results	
	Cambridge			22 VIOLENCE: If death was due to a	ause to which death should be charged statistically.
	n, or removal, Which?) ory Greenl	awn C	(month) (day) (year)	Accident, suicide, or homicide	Date of
			Maryland. neral Service		place (where?)
	Cambridg			23. SIGNATURE	Jennylin,
19. 3-1 (Date rec'd by re	7- 19 45 egistrar)	- gas	Many. M. Registrar	D. Comments	M. D. or other.  Date signed 3-/7

PLAINLY, WITH UNFAULE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

Carlo Barrier Office Control THE RESERVE OF THE PARTY OF THE RECEIVE MAR 19 1945 BUREAU V.E. 37 (10)

## PLEASE WRITE PLAINLY, WITH UNFADING HAK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN BESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

02845 2411 N. Charles St., Baltimore 93-1

### CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF D	chester		2. USUAL RESIDENCE (HOME) OF D. (For newborn infants give residence of moti	ECEASED:	
		***************************************	state Maryland County		
How long in above pla Hospital, institution,	or street address where	limits, write RURAL and give nearest town)  Te death occurred:	City or town. Cambridge (If outside city or town limits, writs RURAL and give nearest town)  Street No. 405 Race St.  (If rural, give LOCATION)  2.(a) It veteran, name war.		
	or institution?				
3. (a) FULL NAM					
		ence Robbins Appleg	arth	3. (b) Social Security Number	
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERT	TIFICATION	
Female	White	Married	20. DATE OF DEATH March		
o (la) Name of bushes	Raym	ond T. Applegarth	21. I CERUFY that death occurred on the date above st		
			MARCH 77 194	10 MARCH 78 1045	
7. Birth date of deceased (mo., day	Ton	7, 1891.	and that I last saw h.E.Q. alive on	ARCH 28 18 45	
8. AGE: Yea 54		Days If less than one day 21	Impediate cause of death	HEMORRHAGE	
10. Usual occupation	Domest Hom	ie	Due to HYPERTENSIVE CARDIOURS CUL AR		
12. Name	Joseph E. Maryland	Robbins	Other conditions Residual R	HHOS.	
14. Malden name			(Include pregnancy within 8 month	ha of desth)	
≥ 15. Birthplace	Marylan				
16. Intermant	Raymond 1	. Applegarth	Autopsy results		
Address 40	5 Race St	., Cambridge, Md.	PHYSICIAN: Please underline the cause to which o		
Buri (Burial, crematio	al on, or removal. Which?	Date thereof Mar. 30, 194: (month) (day) (year) (ter Memorial Park		Date of	
		, Maryland.	Where did injury occur?(City or town) Injured at home, tarm, industry, public place (where?)		
			Means of Injury	injured at work?	
Address	-	els Funeral Service ge, Maryland.		(auxs)	
19(Date rec'd by r	3- 19 4	- John Mary b.	23. SIGNATURE  Address autor, Do 7	nd Date signed 29/45	

BUREAU V.S.

(Date rec u by registrar)

19 45

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

02846

Dale signed 346

TE OF DEATH Reg. Dist. No. 116	
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slale Maryland County Dorchester  City or town Rural (Salem) (If outside city or town limits, write RURAL and give nearest town)  Street No. Salem  (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number	
MEDICAL CERTIFICATION  20. DATE OF DEATH	
2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.	
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	

Registrar Address.

THE RESERVE AND ADDRESS OF THE PARTY OF THE AND LITTLE OF THE PARTY OF

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 458



02847

CERTIFICAT	E OF DEATH	Reg. Dist. No. // 5
1. PLACE OF DEATH: County	City or town. (If outside city or town light	mother) unity Done feeter
3. (a) FULL NAME		3. (b) Social Security Number
Rasin Etta Bloke		o. (o) bucker becaute, transce
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
gende word manual	20, DATE OF DEATR Wash	2 3 19 4 5 21 8: 15 9 1
8.(6) Name of husband or wife Stephen Blake	21, I CERTIFY that death occurred on the date ab	ove stated: that I attended deceased from
		45-, to mart 23 1845-
7. Birth date of	and that I last saw h alive on M.	L 23 19 45-
deceased (mo., day, yr.) Whath 27 1890	Immediate cause of death	
8. AGE: Years Months Days It less than one day	Caremonn 1	Items 4 mes
54 11 26hrsmin.	**************************************	
9. Birthglace Buktown borehete Wel	Due to	
10. Usual occupation.	Due to.	
11. Industry or business	***************************************	
12. Hame Beach Camper	Dther conditions	
El 13. Birthplace / Sucktaum Brichell Co My	(Include pregnancy within 3	months of death)
16. Maiden name. Someheter Co Mel	Major findings of operations	
× 15. Birthplace Strakelle Co Mark		Date ot op
Address televaller Md	Antopsy results	
B	22. VIOLENCE: If death was due to external cal	
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Cambridge md	Injured at home, farm, Industry, public place (w	here?)
18. Funeral director decis & Baymen	Means of Injury	Injured at work?
Address Cambridge Ind	0	a strong nut
19 3-24- 19 45 John Mace G. M	23. SIGNATURE	M, D. or other
(Date rec'd by registrar)	Address	Date signed 3 -2 3 .46

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-01

02848

### CERTIFICATE OF DEATH

...

	Reg. Dist. No
1. PLACE OF DEATH: County Deather Lea	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manyfaul County Dorchectia
Now long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Justitution, or street address where death occurred	Street No
Cambridge muylane Hoyetel De	(If rural, give LOCATION)
How long in hospital or institution? 1 day	2.(a) If veteran, name war
3. (a) FULL NAME Boy Brawlle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white engle	2D. DATE OF DEATH. Truck 9 19.45 00 20 A. N
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	March 8 19.45 to March 9 19.46
7. Birth date of deceased (mo., day, yr.)  Thank 8, 1945	and that I last saw hours elive on March & 1845
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
hrsmin.	Replanting Failur Life
	0 4
8. Birthplace (Town, county, and state)	Oue to
1D. Usual occupation	The state of the s
11, Industry or businese	Due to.
12. Name Marcus C. Samble.	Other conditions.
3. Birthplace Mid	
14. Maiden name Worlder & Come	(Include pregnancy within 8 months of death)
14. Malden name Abrillary Abruar	Major findings of operations.
16. Interment Marous C. 13 karable.	Antoney results. Antoney
Address Cast new market	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate thoron Mar 9 1945	22. VIOLENCE: If death was due to external causee, fill in the following:
(Burial, cremation, or removal Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occurs (City or town) (County) (State)
Location Cashew market	Injured at home, farm, Industry, public place (where?)
8. Funeral director 1911 S. Willew g fly	Means of injury Injured et work?
Address out new Market.	Eldridge Herbellus
19. 3-9- 19. 45 John Marsh Registrar	23. SIGNATURE M. A. or other
(Date rec d by registrar) Registrar	Address Date Signed Date Signed

THE RESIDENCE OF THE PARTY OF T RECEIVED MAR 19 4945 BUPEAU V.B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

### CERTIFICATE OF DEATH

02849 er, Dist. No. / 1 9

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Manylona County Darkhertur
City or town	City or town (If ontside city or twn limits, write RURAL and give nearest town)
How long in above place of death?	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Philip Lee Br	3. (b) Social Security Number
4. Sex 5. Color or race 2.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white eingle	20. OATE OF DEATH. March 4 19.45 at 3 a
8,(ò) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
× × 27hrsmin.	Conquetal Mayormatin
9. Birthplace (Town Johnty, and state)	Oue to Theath
10. Usual occupation	Oue to
11. Industry or business	
12. Name Hullbard C. Brandle  13. Birthplace  Md	Other conditions
₹ 13. Birthplace Mud	(Include pregnancy within 3 months of death)
14. Maiden name I dan Canther Mondenwarth	Major findings of operations.
≥ 15. Birthplace Mid	- Qate of op
18. Informant Authora C. Branche	Autopsy results
Address Dishof's Head- Md	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bussal Bate thereof Mak. 6, 1945. (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory St. The mas Cemetery	Where did injury occur?
Location Bishops Head, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Le Compte's Funeral Service	Means of Injury Injured at work?
Address Cambridge Md.	Jan B. Alexina And Mand Econ
19. 3/6 1845 Willam & Partchy (Date registrar) Registrar	Address Countries Med Date signed Allege Constitution of the Countries of

RIFICATION OF THE PARTY OF THE

### WITH UNFADER INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important.

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 300

### CERTIFICATE OF DEATH

02850 Reg. Dist. No.....

City or town	chester ambridge outside city or town li e of death? 2 r street address where rn Shore S or thestitulion?	mits, write lyrs. 1 death occurre	RURAL and give nearest town) mon. 9 days d: osp. 1 mon. 9 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate	mother)  miy Talbot  l's , write RURAL and give near  LOCATION)	est town)
3. (a) FULL NAM		Ander	son Bryan		3. (b) Social Security N	lumber
4. Sex Male	5. Color or race White		le, married, widowed, or divorced ngle		RTIFICATION	12.35pm
	•8611.00.00.01.1.00	6, (	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above February 1	re stated: that I attended decease	ad from
8. AGE: Years		Days	tf less than one day	Immediate caose of death	***************************************	DURATION
	64 2 m	8	min.	Cerebral Hemory	rhage	18 hrs
9. Birthplace	Labores	<b>.</b>	Bryan	Cerebral Arte	io ersclerosis ovascukarDis.	4 yrs,
	unknown			Other conditions Latent syphi	lis	unkn <del>0</del> wn
14. Maiden name 15. Birthplace		Rebeco known	ca Jones	(Include pregnancy within 3 m	·	
16. tatormant	Hospit	al red	ords	Actopsy results.		
Address			Maryland	PHYS1CIAN: Please onderline the cause to which		atistically.
17. (Burial, cremation, Cemetery or cremation Location	or removal Which?)	Ce. & V	Fud. Harrien Mad.	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide	(County)  injured at work?	(State)
19. (Date rec'd by reg	0 - 19 LJ -	9-	La Marsh. 79 Registrar	Address Cambridge		

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THE REPORT OF THE PARTY OF THE

Mary and the Street Co. A.

MAR 19 1945

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02851

Dist No 116

				Keg. I	Dist. No	***************************************
1. PLACE OF DEATH:		2. USUAL RESIDENCE (For newborn infants	(HOME) OF	DECEASED	):	
Paral Cambri	dge	Maryland Dorchester				
City or town	vrite RURAL and give nearest town)	City ar town Rural Cambridge				
How long in hospital or institution?		2.(a) If veleran, name war				
3.(a) FULL NAME Vivian	Carroll	11 -11-11		-	ial Security	Number
4. Sex   5. Color or race   6.(a   White	s)Single, married, widowed, or divorced Single	2D, DATE OF DEATH	March			, 5:P
6.(¿) Name of husband or wife		21. I CEBJIFY that death occur	rred on the date above	stated; thal	l allended decea	13 1945
7. Birth date of deceased (mo., day, yr.)  July 11	, 1873.	and that I last saw has seen.				
8. AGE: Years   Months   2  9. Birthplace   Cambridge   Dot   (Town, coonty, Farmer   Dirt    11. Industry or business	hrsmin.	Due to		****************	·····	
12. Name Thomas K. Cari	roll	Other conditions A. S.				
14. Malden name Margaret 1 15. Birthplace Maryland.	H. Carroll	(include pregnancy within 3 months of death)  Major findings of operations.  Date of on.				
16. Informant Miss Nellie Address RFD # 1. Cam		Autopsy results PHYSICIAN: Please underlin	•••••	•••••	******************************	****************
Burial (Burial, cremation, or removal, Which)  Cemetery or crematory Old Trini  Location Church Cre  18. Funeral director LeCompte's	22. VIOLENCE: If death was Accident, suicide, or homicide. Where did injury occur? Injured al home, farm, industry Means of injury	(City or town)	(Cou	Date of	(State)	
Address cambridge,		23. SIGHATURE (2).		in s	M. D. o	g, r other

MARIO 1945 BUREAU V.S.

Pipin Paragon (5 th a ne

# PLEASE WRITE PLAINLY, WITH UNFADING KKK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16-6

02852

### CERTIFICATE OF DEATH

				11		
1. PLACE OF DEA	Dorche	ster		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	[ : (0) 222 [ 2	797 (700	***************************************	State Maryland County Dorchester		
City or town(If o		Name in a world a L	URAL and give nearest town)	0 1 1 2		
How long in above place	of death?	2 day	78			
Hospital, Institution, or	street address where	death occurred	d:	Street No. 152 Washington St.	********	
			•••••	(If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) If veteran, name war	••••••	
3. (a) FULL NAME		t Ceph	าลร	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	female colored single		single ·	20, DATE OF DEATH. March 29 1945	.9-30 P	
B.(b) Name of husband	or wife	X		21. I CERTIFY that death occurred on the date above stated; that I attended decea		
9 mi th date = 4		B.(	c) If alive, give ageyears	and that I last saw h		
7. Birth date of deceased (mo., day, y	Marc	h_27,1	1945			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Convulsions	hr.	
x	x	2	hrsmin.			
Cs	ambridge	. Md.		Due to Injury to brain during		
9. Birthplace	(Town	, county, and	state)	birth.	•••••••••••••••••••••••••••••••••••••••	
				•••••••••••••••••••••••••••••••••••••••	***************************************	
11. Industry or business		x		Oue to.		
<b>K</b>		Water	3	Other conditions X	••••••••	
12. Rame		arylan		Other conditions	***************************************	
13. Birthplace				(Include pregnancy within 3 months of death)		
14. Maiden name			18 5	Major findings of operations		
15. Birthplace		Maryla	and			
	nava Can	hag				
				Autopsy results		
Address 152	wasning		t. Cambridge, Mc	22 VIOLENCE: If death was due to external causes, fill in the following;	New York	
17 /30	real	Oate ther	eoi 3/3//4J	Accident, suicide, or homicide		
(Burial, cremation,		()	(month) (day) (year)			
Cemetery or cremator	1 Seti	rel (	emetery	Where did injury occur?		
Location	Lean	lin	Lac Data	Injured at home, farm, industry, public place (where?)		
	9	-7	103	Means of Injury Injured at work?		
18. Funeral director	The Late	a CY	· factor	1 11 11		
Address	eam	bus	lge med	a soldie It Ohriver Des. M.	d. Exam	
3/3	11 1	1-1	San man O		or other	
(Date rec'd hy res	ristrar)	- / / ·	Redstrar	Address Cambridge . Md	Mar. 29/	

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APR 9 1945

BUREAU V. 8

### MARYLAND STATE DEPARTMENT OF HEALTH

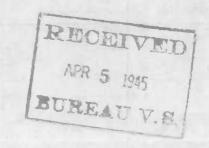
2411 N. Charles St., Baltimore 33

### CERTIFICATE OF DEATH

02853

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Dockertan
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)  Street No.
River Road  How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Charles H. Coulbourne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Make White Manued	20. DATE DF DEATH March 12 19 45 , 21 6 30 P. M
8.(b) Name of husband or wife, Chia Hurlock Coulbourne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 7.7 years 7. Birth date of	19
7. Birth date of deceased (mo., day, yr.) Lanuary 27 1858	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
87 / /5hrsmin.	Chroni Myocaratis 3-144
9. Birthplace Porchester Courte, Mary Land	Due to
(Town, county, and state)	Sterio- eclerosis J-4 yse
10. Usual occupation	Due to
11. Industry or business tarm	
12. Name Daniel Coulours	Dither conditions
\$\frac{1}{2} 13. Birthplace Dorchester County Maryland	(Include pregnancy within 3 months of death)
14. Malden name Julia Frazier  15. Birthplace Dorchester County Maryband	Major findings of operations
	Date of op.
16. Informant Mrs. Charles A. Onebourne	Autopsy results
Address Villiansburg Maryland C.F.D.	PHYS:CIAN: Please underline the cause to which death should be charged statistically.
17. Bural (Burisl, cremation, or removal, Wbich?)  Date thereof. March 15 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Centery	
Location Federalsburg, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. I. S. Frdupton as Son	Means of Injury Injured at work?
Address Federalsburg Maryland	23 STORITURE T. Shrine, Acf. Med. Egan.
" March 15 Tour - Charle Hastings	M. D. or utifer
(Date rec'd by registrar) Registrar	Address Canalinas Man Date signed May 13 1



### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore (82-0)

02854

	1708. 170
1. PLACE OF DEATH: Dochesles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cambridge	State Maryland County Norcheolis
City or town. (If outside city or town limits, write RUFA) and give nearest town)	City or town
How long in above place of death?	Street No. 40 St
Cambridge Ma. Hagela	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war
3. (a) FULL NAME Bessie 2. Frah	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale while married	20. DATE OF DEATH M ac 28 19 45 at 12:05
6.(6) Hame of hysband or wite Creasurer Fraham	21. I CERTIFY that death occurred on the date above slated; that I attended deceased trom
60	March 27 19 45, 10 March 8 19 45
7. Birth date of deceased (mo., day, yr.)  The series of deceased (mo., day, yr.)  The series of the	and that I last saw had alive on 19.77
8. AGE: Years   Months   Days   It tess than one day	Immediate cause of death DURATION  Consideral Resident 36 hour
50 9 17 hrs. 300 m	n,
9. Birthplace	Due to
(Town, county, and atate)	
10. Usual occupation.	Due to.
11. todustry or business	
12. Name // arish Soylor:  13. Birthplace Carpline Co.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Caroline Cf.	Major findings of operations.
15. Birthplace Caroline Cp.	Date of op.
16. Informant Mrs. Clara Cook	Antopsy results.
Address Cambridge Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Parrial Date the cot Mar 30-194.	22. VIOLENCE: It death was doe to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Courting	Injured at home, farm, industry, public place (where?)
18. Funeral director. Research R. Olaman	Means of injury Injured at work?
Address Cambridge, Md.	- Claridae Hyloolsun
" 3-30- "45- Och march	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	ar Address a Comment of Date signed 8 - 29 - To

APR 2 194 BUREAU V.S MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

02855

	Reg. Dist. No.
2. USUAL RESIDENCE (HC (For newborn infants give re State City or town. City or town. (if outside city or Street No.	County County town limits, write RURAL and give nearest town)
/20	rural, give LOCATION)
(II	
2.(a) ti veteran, name war	

(If outside city or town limits, write RURAL and give nearest town)  Now iong in above place of death?	City or town
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Acouste (ad man )	
1 II	20. DATE OF DEATH 13.4.1-, at 8:30 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	1945 to March 1945
decoased (mo., day, yr.) /8 % 2	and that I last saw h allve on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
63hrsmin.	and In Arbeitalin week
9. Birthplace Church Cut An C Med	Due to. Che Phayocaditi 19 ma
10. Usual occupation Manual Ma	***************************************
11. Industry or business	Due to
E 12. Hame Denge Courch	Other conditions Perpoters 12 x 4
2 13. Birthplace Brichalle Co Mag	(Include pregnancy within 8 months of death)
E 14. Malden name Wassek Duhan Kung	
15. Birthplace Der chale Go Mid	Major findings of operations.  Date of op.
16. laterment Many Suckey	Autoosy results.
0 10 11 11 11 11 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & 66 Cataline VF YBall of My	22. VIOLENCE: It death was due to external causes, fill to the following;
(Burial, cremation, or removal, Which?)  Date thereot Man 2 19 11- (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Church Cruth Muy	Where did injury occur?
Location Church Cruk Und	Injured at home, tarm, industry, public place (where?)
18. Funeral director Levy Barren	Means of Injury Injured at work?
Address Cambridy Maryland	23. SIGNATURE Complete M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3-17-43-

PLEASE.

VS A15

02856

	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Dorchester			
City or town Cambri ge (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 MOS 2 days  Hospital, institution, or street address where death occurred:  Eastern Shore State Hospital	State Maryland county Somerset  City or town Crisfield  (If outside city or town limits, write RURAL and give nearest town)  Street No.		
How long in hospital or institution? 2 MOS 2 2 days	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
Clarence Howard	3. (b) Social Security Nur unknown	mber	
4. Sex   5. Color or race   δ.(α)Single, married, widowed, or divorced   Divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH March 25 165 31	9.15a	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from		
deceased (mo., day, yr.)  January 21 1879  8. AGE: Years   Months   Bays   It less than one day	Immediate cause of death	DURATION	
66 2 4min.	Tabo-paresis	unkn wn	
9. Birthplace Somerset County Mar Land (Town, county and state)  10. Usual occupation Waterman			
11. Industry or business			
12. Name John H. Howard  13. Sirihplace Somerset Co. aryland		unknor	
	Chronic nephritis (Include pregnancy within 3 months of denth)	11	
14. Malden name Clara Miller 15. Sirthplace Somerset Co. Maryland	Major findings of operations		
16. Informant Hospital Records	Antopsy results		
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged stati		
17 3/27/4/1 Date thereof (month) (day) (year) Cemetery or crematory Cusfulled Cent	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location Causfully ma	Injured af home, farm, lodustry, public place (where?)		
18. Funeral director John W. Dradkhaw	Means of Injury Injured at work?	0 -	
Address Criofiled mi	Church Bruseum	ler MI	
19. 3/26/45-19. John Mace Jo-Ma (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or of M. D. are signed	ther, 25/4	

VS A15

PLEASE

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct age blease write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INF. is especially important. Physically

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

### CERTIFICATE OF DEATH

02857

Reg. Dist. No. 110

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Many and county Ditta fandition
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or sirget address where death occurred:	
anita Throbet	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME Weoley Johnson	3. (b) Social Security Number  None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col. widowed.	One 1 at it A
Kat Questi	2D. DATE DF DEATH
6.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) Lune 15 1875	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
69. 9 6hrsmin.	Olex men Murrondella serve
Maryland	Busto - Marte
9. Birthplace	Due to.
10. Usual occupation. Laborer	
News	Due to
Tr. industry of business	
12. Name. No data!	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name No data	
0	Major findings of operations.
= 15. Biringtace	Date of op
16. Informant W. G. Chestes	Antopsy results.
Address Vienera - Md	PHYSICIAN: Please underline the cause to which death should be charged statistically,
A - 1 24 12:15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Stafford Constany	Where did injury occur?
R. d'	
Location Reids Grove Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director A: J. Frampton and Ear	Means of Injury Injured at work?
Address Federalsburg hazyland	for H. Shring, Del Med. Exam.
march 92 11- Charlotterelands	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)  Registrar	Address Cambridge Mod Date signed Mala 21/

APR 5 1945
BUREAU

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02858

2411 N. Charles St., Baltimore (19) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County..... (If ontside city or town limits, write RURAL (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veleran, name war..... 3 (a) FUIL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION olor or race 6.(a) Single, married, 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death Daya If less than one day Months 8. AGE: 10. Usual occupation. 13. Birthplace (Include pregnancy within 8 months of desth) 14. Maiden PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which? Where did injury occur? .....(City or town) (County) (State) Injured at home, farm, industry, public place (where?) ..... Injured at work? Means of Injury M. D. or other

Registrar | Address

WRITE

PLEASE

(Date rec'd by registrar)

APR 9 1945
BUREAU V.S.

The correct age

INK. Supply every item of information carefully. The cans: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFAULY is especially important. Physically important.

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MARGIN RESERVED FOR BINDING

Date signed 3 - 1 3 - 45 -

### CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (583)

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County Death Row County Rest (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Rest (If outside city or town limits, write RURAL and give nearest town)  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infunts give residence of mother)  State
3. (a) FULL NAME Cepus Marine	3.(b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  6. (b) Name of husband or wife.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Mooths Days If less than one day  9 2 9 hrs. min.  9. Birthplace	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. CERTIFY that death occurred on the date above stated; that i attended deceased from  13. 19. 4. 5.  19. 5.  19. 5.  19. 6.  19. 6.  19. 6.  19. 7.  20. Due to.  19. 6.  19. 7.  20. Due to.  19. 7.  20. Due to.  19. 8.  19. 9.  19.
13. Birthplace South Co Md  14. Maiden name Connu Jelly  15. Birthplace South Co Md  16. Informant Charles Mark 1  Address Country Mg Roul 1  17. Marial, cremation, or removal, Which?)  Cemetery or crematory Country  Location Charles Rock Md  18. Funeral director Mark  Address Country Mark  Ma	(Include pregnancy within 3 months of death)  Major findings of operations
19. 3-4-19 45 John Marsh. Marsh. (Date rec'd by registrar) Registrar	Address Pun take the Date signed 3-13-45-

THE AND TO THE PERSON AT ATE COLUMN AT A STATE OF A STA

NOTICE AND THE OWNER OF THE OWNER.

BECHIVES HAR 19 1945

BUREAU V.S.

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 302

02860

### CERTIFICATE OF DEATH

Reg. Dist. No. // C

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		State Langland Cour	oty Samerset				
City or town Cambridge, Man-Levila (if outside city or town limits, write RURAL and give nearest town)							
		death?			City or town. Eden (If outside city or town limits	, write RURAL and give ne	enrest town)
Hospilal, Insti	tution, or str	eet address where ambridge	death occurred		Street No		
				***************************************	(If rural, give	LOCATION)	
		stitution?3	nos.		2.(a) If veteran, name war	***************************************	
	3. (a) FULL NAME					3. (b) Social Security	Number
HERILAN 4. Sex		ARD MARS	SHALL LE (a) Single	e, married, widowed, or divorced	0.		
4. 351		. OUTOR OF TACC	b.(a)ong	c, matrice, widowes, of divorced	MEDICAL CE	ERTIFICATION	
Mal	e i	White	Mar	ried	20. DATE OF DEATH LATC. 11	1945	at E: 50P
one	54	, Ella (	+	Cale ce Dryden	21. I CERTIFY that death occurred on the date abo		
6.(b) Name of			ToTottoop	70	Tan 2/ 10/5		
7. Birth date o	of	•••••		) If alive, give ageyeal	and that I last saw him alive on Mar		
deceased (	mo., day, yr.)	June (	, 1886	)	Immediate cause of death		
8. AGE:	Years	Months	Days	If less than one day	Cardiac Failure		
	58	9	26				······································
a Birthainea			Due to Tabo-paresis		7		
9. Sirthplace Some S. t. Co. int.y. (Town, county, and state)		- Augustian Company					
18. Usual occ	upation	Far	er	***************************************	Due to Syphilis c niral		
11. Industry o							1
		nd Namaha	7.7		system.		
문 12. Name	Land of the said of the	limluid II SII i	1. <u>L.L</u>		- the containing		
13. Birth	12. Name Eduard Larshall 13. Birthplace Somerset County, Maryland			Maryland	Chronic Myocarditis (Include pregnancy within 3 m	nonths of death)	Manyears
异 14. Malde	еп патеТ	Eleanori	atlin				
14. Malde	place				Major fiedings of operations		
	Hos	spital Re	cords				
16, taformant	1105	DELOGIE ILC	COLUM		PHYSICIAN: Please underline the caose to wh		
Address		1		20 1 110 11	22. VIOLENCE: If death was due to external cause		
11 /20	ma		Date there	11 mach 14-4.			
(Burial, er	remation, or	removal, Which?)	'LP	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or	crematory.	Lezel	4 a	social p	Where did injury occur?(City or town)	(County)	(State)
Location	nes	rees	as	met ma	Injured at home, farm, industry, public place (wh	ere?)	
Hollows + Co Wilter P Hollows		Means of Injury	Injured af work?				
18. Funeral director			1 VI				
Address Maryland		Sterreth	Bru	muls			
	11.	1111	-000	mace a. m	23. SIGNATURE	M. D.	or other
19. (Date red	d by regist	rar) 19 7-3	July	Registra	Address E.S.S.H., Cambrid		1/3/1
1				& aregiotes	Handing	signed	The state of the s

RECEIVED MAR 19 1945 BUREAUVISIO PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

VS A15

MARGIN, RESERVED FOR BINDING

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Dorchester		
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	Cambridge		
How long in above place of death? 1 yr 10 mos.	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 305 Willis Street		
E.S.S.H., Cambridge, Md.	(If rural, give LOCATION)		
How long in hospital or institution? 1 yr 10 mos.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
J. EDWARD MARSHALL			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. March 16 19 45 15: 20p.		
8.(b) Name of bushand or wife Edith F. Marshall	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	Jan 1 19.45 to Mar. 16 19.45		
7. Birth date of	and that I last saw h im alive on March 16 19.45		
deceased (mo., day, yr.) February 22, 1863	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   If less than one day	Cardiac Failure 1 mo		
82 22hrsmlr	n Maranac Latence		
9. Birthplace	Due to Generalized Arterosclerosis		
	Arteriosclerotic Cardio- vascular disease 2 yrs		
10. Usual occupation			
11. Industry or business	Senility		
	Other conditions Senile psychosis		
	(Include pregnancy within 3 months of death)		
14. Maiden name Margaret A. Hubbard  15. Birthulace Dorchester Co. Maryland.	Major findings of operations.		
15. Birthplace Dorchester Co., Maryland.	Major Indings of operations.		
16, Informant Hospital Hecords	Autopsy results		
Address Cambridge, Ma.			
17 / Durise Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)  Date thereof			
Cemelery or crematory.	Where did injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
K. TIPAL	Means of Injury Injured at work?		
18. Funeral director	Internal of triping		
Address Cambridge, ma.	- Ralph S. Cheronitte ml		
19 3-17- 19 45 Ochw Macs & m.	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registra	Address E.S.S.H., Cambridge, Md. Date signed 3.16.45		

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 542)

### CERTIFICATE OF DEATH

02862

Dist No 116

	Reg. Dist. No	
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Dorchester	
How long in above place of death? 65 Years	Combantains	
Hospitat, Institution, or street address where death occurred:	Street No. 120 Vue de leau St.	
120 Vue de leau St.	(If rural, give LOCATION)	
Now long to bospitat or institution?	2.(a) If voteran, name war	
3.(a) FULL NAME  Frederick E. Meekins	3. (b) Social Security Number	
4. Sea   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married		
	20. DATE OF DEATH	
8.(6) Name of husband or wife. Verona Allen Meekins  5.(c) If allve, give age 69 years  7. Birth date of deceased (mo., day, yr.)  Dec. 30, 1873.	and that I tast saw h. Ann	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
71 2 13hrsmin.	Gana 3 Lays	
9. SirthptaceCambridge, Dor. Co., Maryland. 10. Usuat occupationMerchant	Due to Grand male song 2 The Product Cloud with his testing	
11. Industry or business Confectionery		
E 12. Name William H. Meekins	Other conditions	
13. Birthplace Maryland	(Include pregnaccy within 3 months of death)	
14. Maiden came Martha Me&kins		
15. Sirinplace Maryland.	Major fiadings of operations	
	- Date of op	
18. Informant Mrs. Fred. E. Meekins	Autopsy results	
Address Cambridge, Maryland.	29 VIOLENCE, if death was due to external square filt to the following.	
17. Bur 1al Date thereof Mar. 15. 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: IT death was due to externat causes, fill in the following;  Accident, suicide, or homicide	
(Burkst, cremation, or removal. Which?) (month) (day) (year)	Where did before acces	
Cemetery or crematory Cambridge Cemetery	Where did injury occor?	
Location Cambridge, Maryland.	tnjured at home, farm, industry, public place (where?)	
18. Funeral directo LeCompte's Funeral Service	Means of injury injured at work?	
Address Cambridge, Maryland.	23. SIGNATURE L. O. heredell	
19 3-17- 19 45 John Mace & m	Le loi la	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Maryland County Dorchester  Taylors Island  (If outside city or town limits, write RURAL and give nearest town)
Hospifal, Institution, or street address where death occurred:	Streel No
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Samuel W. Moore	3. (b) Social Security Number
Male   S. Color or race   6.(a) Single, married, widowed, or divorced   Married   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH March 23, 1945 3, 5:00 A
6.(6) Name of husband or wife Elizabeth Jarrett 70 7. Birth date of deceased (mo., day, yr.) September 25, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years   Months   Days   If less than one day   71   5   28  hrshrs.	Immediate cause of design
9. Birthplace Taylors Island, Md. (Town, county, and state)  10. Usual occupation Farm Laborer  11. Industry or business	
Joseph S. Moore  12. Name Joseph S. Moore  13. Birthplace Dor. Co.	Diher conditions
14. Maiden name Sarah Ann Lecompte 15. Birthptace Dor. Co.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Elizabeth J. Moore Address Taylors Island, Md.	
Burial (Burlal, cremation, or removal, Whiteh?)  Cemetery minnestron  Bethlehem M.E.	Where did injury occur?
Location Taylors Island, Md.  Kenneth R. Thomas	Injured at home, farm, industry, public place (where?)  Means of injury tnjured af work?
Address Cambridge, Md.	S SIGNATURE TO M. Sarah M. D. or other
19. 3-24- 19. 45 John Maryl Registra	Address Combridge - Md Date signed Mas Lyd

## MARYLAND STATE DEPARTMENT OF HEALTH

02864

				TE OF DEATH	1	
1 DIACE OF PEA	711		CERTIFICA		Reg. Dist. No	
City or town	ester  bridge R  tride city or town li	F D anits, write R	#2 URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofacts give residence of mother)  State Maryland county Dorchester  City or town Cambridge (Rural) (If outside city or town limits, write RURAL and give ocarest town)  Streat No. R.F.D.#2  (If rural, give LOCATION)  2.(a) If votoran, name war.		
Hospital, Institution, or a	street addross whore (	leath occurred	: 			
3. (a) FULL NAME			Y MURPHY			
4. Sex	5. Color or race	6.(a)Single	, married, widowod, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Ma	rried	20, DATE OF DEATH March 2		4 A M.
7. Birth date of deceased (mo., day, yr  8. AGE: Years		10 W8. 6.6 17/18 Days	11 Murphy	21.1 CERTIFY that death occurred on the data above stated; that I attended deceased from February 8" 19 45 to March 1" 19 4 and that I last saw h. 1m alive on March 1" 1945. 19 Immediate cause of death. Appoplexy DURATION		
81	1	15	hrs. min.			50 00 00 50 00 00 00 00 00 00 00 00 00 0
10. Usual occupation  11. Industry or business	Farmer Retire	d d	aryland) irt) hy	Duo 1a		
13. Sirthplace	Md.				AL - # 3-aL	
14. Malden name	Jemims Md.	Horse	man	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Mr.S.	Sadie W		phy.			
Burial (Borial, eremation,	or removal. Which?)	Date fhere	(month) (day) (year)		Date of	
			ey R.F.D #2 Md.		here?)	
Address	Cambrid	ge, M	al Service d.	Means of Injury  23. Section 2021  Edward E. Lamkin	tnjured at york?	The same
(Date rec'd by reg	1945.	12	Registra	Address	Date signed.	



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## MARYLAND STATE DEPARTMENT OF HEALTH

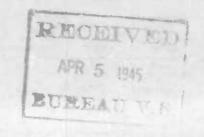
2411 N. Charles St., Baltimore 191-0

02865

# CERTIFICATE OF DEATH

Reg. Dist. No. 110

County Death:  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? (R. 4)  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) It veteran, name war		
3. (a) FULL NAME George W. Neal	3. (b) Social Security Number		
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced bidowed	MEDICAL CERTIFICATION  20. DATE DF DEATH. March 24 19. 45 91 6:45 7.		
8.(6) Name of husband or wife			
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
9. Birthplace Datternase Mayland (Town, county, avaletate)  10. Usual occupation Returned  11. Industry or business  12. Name Cyrus Neal  21. 13. Birthplace Seland	Due to. Comme Interstition / OMO  Dither conditions (Include pregnancy within 3 months of death)		
14. Maiden name. No data available  15. Birthplace  16. Informant. Mrs. Harvey & Brodes  Address Houlock Fungland, R.F.D.	Major fisdings of operations		
17. Build Date thereof March 27 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Mc Neudrae Cematery Location Pholessale Maryland	Where did injury occur?		
18. Funeral director. J. J. tramptom and Son. Address Exclaractory Mayband  19. March 9 6 19 445 - Chaslottestings  (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE Service Management of Injury Injured at work?  M. D. or other  Address Science S		



WITH UNFADING INK. Every item of information should extefully be supplied. aportant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# CERTIFICATE OF DEATH

02866

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County 42	State Deloware County Kent
Cily or town (If outside city or town limits, write RURAL NEAR and give town)	Siale County
(If outside city or town limits, write KORAL NEAR and give town)  Street address, hospital, or institution:	City or town (1f outside city or town limits, write RURAL NEAR and give town)
7.	Sireet No
riay In hospital or Inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)geo	2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME Settie Weller Pe	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Focuale white widow	20. DATE OF OFATH Murch 20 1940, at 1172 PM
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
(V) Name of nusuand of wife	August 1971
6(c) If alive, give ageyears	and that I last saw h of alive on Murch 20 19.75
deceased (mo., day, yr.) face 18th 1862	
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death a Miac Scangularian DURATION
83 Z Z hrs.	min.
Provide Banda A	Ch ' M o the
. 8irthplace (Town, county, and gtate)	Oue to Chanic Mys Caustites 103015
O. Usual occupation House wife	A DOCTION OF THE PROPERTY OF T
	Due to Cormen Occhession 2 miles
1. Industry or business  1. Name ohn & hlatterrer/	
12. Name - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Other conditions/ts/skes elections the joes terming 14 juin
	(Include pregnancy within 8 months of death)
14. Maiden name Extfus W. 20 otterrers Po 15. Birthplace Cley Lavorship, Berk's Cy. Po	Major findings:
15. Birtholace Oley Lawnship, Berk's Cy. I	Of operations Please underly
RAPotos	death should be charged statisti
18. Informant — O h.+ 1	Of eutopsy Amo drug cally.
Address Nous Lower Koth	22. VIOLENCE: if death was due to external causes, fill in the following;
17. / 3414 / Date thereof Was 24-191	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Camelace, Del	tnjured at home, farm, industry, public place (where?)
18. Funeral director was a. Barry	Means of Injury Injured at work?
20h- h-0	
Address Tellow, Del.	23. SIGNATURE LAND & REMILLER
19 March 22 1945 Clinsbeth C. Amil	M. D. or other
(Date rec'd by registrar) Registrar	Address Trastan My 427/400 Date signed 121/43



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02867

## CERTIFICATE OF DEATH

Reg. Diat. No. //6

1. PLACE C	OF DEAT	H: Dorche	ster			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dorchester Cambridge City or town. (If outside city or town limits, write RURAL and give nearest town)					State Maryland county Dorchester			
How long in abo	ve place of	death?	year	n	•••••	City or town Cambridge (If outside city or town limits, write RURAL and give n	earest town)	
Hospital, Institu	ution, or st	reet address where d	leath occurred	:		Street No. 106 Race		
10	o Ital	ce St.		***************************************	***********	(If rural, give LOCATION)		
		stitution?	***************************************			2.(a) If veteran, name war		
3. (a) FULL	NAME	TT	10 70			3. (b) Social Security	Number	
		Harry		Lummer				
4. Sex		. Color or race	6.(a)Singl	e, married, widowed, or divorc	ced	MEDICAL CERTIFICATION		
male	е	white	di	vorced		20. DATE OF DEATH March 18 19.45	at 9 A.	
				<b>ic</b> h	•••••	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
*******************			6.(0	) If alive, give age 43	years	19		
7. Birth date of deceased (m			25,1			and that I last saw h		
8. AGE:	Yeers	Months	Days	If less than one day		Immediate cause of death		
	43	8	23	Xhrs.	min.	Coronary Arteries	severa month	
B Birthniaea	1	Laston,	Mary	land tate)		Que ta X	······································	
B. Bittiplaco.		(Town, c	ounty, and	itate)				
10. Usual occu	pation	Produce		er		Que to. X		
11. Industry or		र्ग ।	70					
当 12. Name.	Ja	mes J.P	lumme	r		Dther conditions X		
13. Birthoi			rylan					
ER		Lilv J	ester	)		(Include pregnancy within 3 months of death)		
14. Malder 15. Birthpi	n name		Maryl			Major findings of operations.		
≥ 15. Birthpl	ace						>>************************************	
18. Informant	Mrs	. Ellza	beth	Elliott (s	siste	Autopsy results.		
Address	, Se	cretary	, Ma	ryland.		PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
4.5	we	W.	0-1-11	May 21	45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, ere	emation, or	removal. Which?)	vate there	ent Inghth) (day)	(year)	Accident, suicide, or homicide		
Cemetery or	crematory	Spry	M/N	UL 1		Where did injury occur?	(State)	
Location	-	20/1	\$1.	Thesa,	/	Injured et home, farm, Industry, public place (where?)		
Location	-		1, 2	YOTINIAL	a Hor	Means of Injury Injured at work?		
18. Funeral dir	ector	gauge	u C	Jewal.				
Address	6	estori	7	sud.	7 > 0	23. SIGNATURE Y. Shriver, Def. Mr. D	d. Exam.	
19	3 - 2	1- 19 4/5	. 10	how many	Registra	Address Cambridge Md. Date signed		
(Date Lec.	o by regist	nt ser, )	-	V	Treg is La	Address	والمالية والمرادات المالية والمالية والمالية	

MARGIN RESERVED FOR BINDING

# PLEASE WRITE PLAINLY, WITH UNFADING NIK is especially important. Physicians:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore qua

02868

Address E. S. S. H., Cambridge, Md., Date signed 3/3/45

		,	CERTIFICAT	TE OF DEATH	Reg. Diat. No. 116	
How long in above Hospital, institution Easte	Corchester  (If outside city or town place of death? Mison, or street address where rn Shore Sta	limits, write I 37 27, death occurre ate Hos	RURAL and give nearest town) 1943 d: pitel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL N					3. (b) Social Security Number	
JAM 4. Sex	ES ABNER S	SABIN L B (g)Singl	e, married, widowed, or divorced			
Male	H - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1			MEDICAL CER	TIFICATION	
ware	White	Wild	ower	20. DATE OF DEATH March 3, 1945	19 at 1:05 pa	
7. Birth date of deceased (mo.,			c) It alive, give ageyears 1852  It less than one day	and that I last saw h. i.m. alive oo A. B.C. h.  Immediate cause of death	to March 3, 19 45	
92	6	28	hrsmin.	Coronary thrombosis		
10. Usual occupai 11. industry or bu HI 12. Name 13. Birthplace HI 14. Maiden o	Not known  ame Not know	n		Due to.  Due to.  Differ conditions Senile psychosi deterioratio n.  (Include pregnency within 3 month)  Major findings of operations.	S - Simple	
16. Informant	Hospital r	ecords.		PHYSICIAN: Please underline the cause to which		
Address 17	Ray up	Date there	(morth, 6.45.  (morth) (day) (year)  D. Nawling  Aburo mod  Registrar	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	(County) (State)  Injured at work?  M. D. or other	

RECEIVE MAR 6 1945

BUREAU

correct

important.

WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02869

.. Date signed.....

CERTIFICATE OF DEATH Reg. Dist. No. 1/6 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) markend. Goodledge (If outside city or town) write RURAL and give nearest town) (If outside gity or town limits, write RURAL and give nearest town) Hospital, ingritution, or street address where death occurred: 6 ambridge many (If rotal, give LOCATION) How long in hospital or institution? 2.(a) if veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male white 3 long huch 2 19 45 at 9 45 AM Widowed 8.(b) Name of husband or wife FAIZ ABETH HEIGH 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from 19.45 10. DEGEASED deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: Years il less than one day 82 9. Birthplace..... (Town, county, and state) 10 Usual occupation STRUCTURAL TRON WORKER 11. Industry or business 13. Birthotace 14. Maiden na 02 15. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations..... 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Bate thereof MARCH 5 1945.

(month) (day) (year) 17. BURIAL
(Burial, cremation, or removal. Which?) Accident, suicide, or homicide,..... Where did injury occur? .....(City or town) Cometery or crematory DORCHESTER MEMORIAL PARK (County) CAMBRIDGE MARYLAND. Injured at home, farm, industry, public place (where?) ...... Means of Injury injured at work? LECOMPTES FUNERAL AMBRIDGE MARYLAND Registrar

MAR 6 1945 BÜREAU V.E.



PLEASE

VS A15

Evidence for addition of MARYLAND STATE DE	
	E OF DEATH  Reg. Dist. No
FILM No.G 9 5 JUN 13 1945 CERTIFICAT	
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
ty or town DERESTEE ( Brief)	State Maryland County Dorchester
(If outstoo city or town limits, write RURAD and give nearest lown) ew leng in above place et death?	City or town
ospital, institution, or street address where death occurred:	Street Ne.
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) It veteran, name war
Is well havers!	3. (0) Security Pramoet
Sex 5. Colgr or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Courd oungle	20, DATE OF DEATH ROCK J 19/15 21 S P. M.
(6) Name of busband or wife	21. ICESTIFY that death occurred on the date above stated; that Japponed deceased from
6. (c) If alive, give ageyears	and that last saw belt alive on March 3 1946.
Birth date et deceased (me., day, yr.) LC 9 1900	Immediate cause of death.
AGE: Years Menths Days these than one day  2 26 hrs min.	Colonary (camula; -
2 20min.	Charge Carles to lender
(Town, county, and state)	Jesease with Myreardeal J46.
D. Usual occupation. J. Ca. S. 177	Bue to. Jelson !
1. Industry or business	
12. Name Man / P - 2	Dther ceadilloss
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings of operations.
15. Birthplace William Work	Autopsy results.
6. Interment 7 3 3 0 0 0 1 1 2 1 1 1	PHYSICIAN: Plesse nuderline the canse to which death should be charged statistically.
Address Date thereot Mur. 11 1977	22. VIOLENCE: It death was due te external causes, fill in the tellowing:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, er homicide
Cemetery or crematory	Where did injury occur?
Location July July July July July July July July	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	means or many
Address 20 / W WSh &	23. SIGNATURE
(Date roo'd by registrar) 18 45 John Macaf. The	Address Date signed 3-10-41.

RECEIVED MAR 19 1945 BURFATTS

I. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADINGINK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

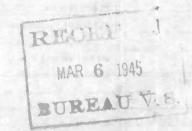
2. USUAL RESIDENCE (HOME) OF DECEASED:

U	2	0	1	1	
					11

# CERTIFICATE OF DEATH

County Dorchester	(For newborn intents give residence of mother)
	state Warvland county Derchester
Cambridge, Laryland (If outside city or town limits, write RURAL and give nearest town)	Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. Most End Avenue
E.S.S.H., Cambridge, Maryland.	(If rural, give LOCATION)
How long in hospital or institution? 2 yrs	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
MARY - ANN TOPRE	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
TOTAL A to The Address of the property of the Address of the Addre	
FEMALE WHITE WIDOW	20. DATE OF DEATH Merch 4. 19 45 at 3.554 M
8.(b) Hame of husband or wife. Charles M. Travers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Hame of husband or wife	January 1 18 45, to Warch 4 19 45:
6.(c) It alive, give ageyears	and that I last saw h ar allve on March 3
7. Birth date of deceased (mo., day, yr.) Foeruary 18, 1870	The state of the s
8. AGE: Years   Months   Days   It less than one day	Immediate caose of death
o. Adu.	Cardiac and Respirat ry F ilure 2 cays
75 - 14nrsmln.	
· Birtholace Fishing Creek Forchester C	oue to Arteriosclerofic Cardio-wascular
9. Birthplace Fishing Cook Porchester C	disease Senility
10. Usual occupation.	
Hannand Ca	Due to
11. Industry or business Housewife	
12. Mame Benjamin Lowis 13. Birthplace Dorchester County, Maryland	Other conditions Senile Psychosis Simple
13. Birthplace Dorchester County, Maryland	
	(Include pregnancy within 8 months of death)
14. Maides name. Not known	Major fiedings of operations
15. Sirthplace Howard County, Maryland.	
15. Stringiace 11. State Ordato, But Talid.	Oate of op
16. Informant Slave Ni Francis	Aotopsy results
Address Couldridge Md.	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Busines 3/6/45	22. VIOLENCE: It death was due to external causes, till in the following:
17 Date thereot	Accident, suicide, or homicide
m 601.	
Cemetery or orematory. To occur.	Where did injury occur?
Fishing reek ma	Injured at home, tarm, industry, public place (where?)
Location	Means of Injury / Amjured at work?
18. Funeral director. Lewis M. Sugues	1 100
Address Courseridge, ma.	Just A. Janet h my
AUDITORS	23. SIGNATURE M. D. or other
10 3/5/10 45 - John Mace S. M.	
(Date rec'd by registrar) Registrar	1 Address E. S. S. H., Cambridge, Md. Bate signed 3/1/15

BY ALL SO TISBURGES STATE IN ATEMA



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PLEASE WRITE PLAINLY, WITH UNFADING INK.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (350)

# CERTIFICATE OF DEATH

02872

0.	Dist.	No.	116

	NVS. 2756. NV
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
A. I. IA.d	State Manland County Dorchol
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
The state of the s	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
alex Dubman	
4. Sex 5. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male led undered	20. DATE OF DEATH. March 8 1946- at 2:00a
6.(b) Name of husband or wife Greella Deleman	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Blank 7 1847- 10 Warch & 1945
7. Sirth date of	and that I last saw have alive on Merch 7 19 4 5.
8. AGE: Years   Months   Pays   If less than one day	Immediate cause of death
	Cerclard Hemonthy 1 day
6 1 1 0 0 1	
9. Birthplace (Town, county, and state)	Due to the Land
10. Usual occupation.	
11. Industry or business	Due to.
	-
12. Hame	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Carolin Shoutery  15. 8irthplace Wanglan	Major findings of operations.
3 15. Birthplace Wangland	Date of op
18. Informant Clarech Dulemen	Astopsy results
Address Cordlan My	PHYSICIAN: Please underline the cause to which death should be charged statistically.
101. 1 6.11	22. VIOLENCE: If death was due to external causes, filt in the following;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location New Combet	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Cambolin My	
	23. SIGNATURE CLASSIC M STClan W. D. or other
10. 3/10/ 10 45 John March m	M. D. or other
(Date rec'd by registrar) Registrar	Address Grant Ceda Ch Date signed 3 - 10 . x &

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STATE OF STA

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BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

# CERTIFICATE OF DEATH

				Rog. Dist. Ivo.
How long to above pilospital, institution,	rchester mbridge If outside city or town I lace of death?	Months death occurre	CRAL and give nearest town)  (Results)	State Maryland County Dorchester  City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
4. Set Male	5. Color or race White	6.(a)Sing	e, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife				and that I last saw h
10. Usoat occupation	on Clerica Iness	31	Co., Maryland.	Bue to
14. Malden oad	Maryland	Oeh		(luclude pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address G8	ay St., Ca	ambrid Date the	ge, Maryland,  set Mar 24, 194  Memorial Park	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral directo		e s Fu	aryland.  neral Service  ryland.  (Maccoff Registre)	1 as a contract of the contrac

VS A15